Appendix F

A BACKGROUND PAPER ON THE FOOT CARE NEEDS OF THE ELDERLY

Provincial Senior
Citizens Advisory
Council Report

1985

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I. INTRODUCTION

Today, 179,200 individuals in Alberta are 65 years of age or over, constituting 7.7 percent of the total population. Individuals are living longer. The number of people in the group that are 75 years of age and over (the frail elderly) are growing fast. In 1981, 38 percent of the elderly were 75 years of age and over, and 9 percent were 85 years of age and over.[1] The majority of older persons are able to care for themselves. Studies in Alberta and elsewhere suggest that approximately 15 to 20 percent of the older population may be in need of help on a continuing or intermittent basis due to disabling conditions.[2] Preventive programs, such as foot care programs, can help to keep more elderly individuals living independently in the community and improve their quality of life.

Foot care is an important aspect of health care, particularly for the elderly. Both the Provincial Senior Citizens Advisory Council in its 1982 Annual Report[3] and the Alberta Council on Aging in its brief to the Task Force on Health and Social Services of the Official Opposition have commented on the importance of foot care.[4] Therefore, the Provincial Senior Citizens Advisory Council requested that a background paper on foot care be prepared for discussion by its members.

This background paper includes a brief review of the literature and a description of the current situation with respect to foot care services in Alberta and across Canada.

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1 Senior Citizens Bureau, Older Person in Alberta: Their Use of Programs and Services, 1984, p.2.

2 Ibid, p.6.

3 Provincial Senior Citizens Advisory Council, Annual Report, December, 1982.

4 Alberta Council on Aging, Brief to the Task Force on Health and Social Services of the Official Opposition, December 8, 1983.

II. REVIEW OF THE LITERATURE

A review of the literature on foot care programs for the elderly was undertaken. Foot care is a relatively new area of interest and most of the articles discuss programs which have been conducted in the United States. Foot health has been relegated to a relatively low position in the continuum of health care. There is consensus in the literature that the vast majority of the population is unaware of the importance and need for foot health.

A. Definitions

The Ontario Committee on the Healing Act reviewed the history of chiropody and podiatry. Two terms, chiropody and podiatry have been used to designate the practice of diagnosis and treatment of foot disorders. Chiropody is the original term used at the beginning of the practice over 100 years ago; it is the term used by those trained in Great Britain. Podiatry was introduced as a more accurate term approximately fifty years ago, since chiropody actually means treatment of the hand and foot. The terms have been and are used interchangeably, but podiatry has come to connote a practice of larger scope, a longer course of training, and more prerequisite education. Podiatry is the term used in the United States and most persons engaged in the treatment of foot disorders have been trained there and tend to use the term.[5]

At a foot care workshop held at Grant MacEwan College in Edmonton in November, 1983, the workshop leader, Monica Wright defined the terms chiropody and podiatry as follows.

Chiropody: Conservative management of problems of the foot by:

1. cutting/scraping of the skin and nails,
2. corrective and protective padding and application,
3. massage, exercise, heat and hydrotherapy,
4. patient education.

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[5] Ontario Committee on Health Act, Chapter 15 Chiropody, 1970.

Podiatry: Management of problems of the foot by:

1. invasive diagnostic and therapeutic procedures,
2. surgery under local and general anaesthetics,
3. internal and external use of drugs.

B. Extent of Foot Problems in the Elderly

Many older persons are troubled by foot problems. Chung cited data from a National Health Survey which indicated that three quarters of older persons have one or more chronic conditions such as heart conditions, arthritis, or rheumatism which prevent or limit normal activity. About 18 percent of this group of individuals have mobility limitations and about one-third of these are homebound (Chung, 1983). Further, Albert and Jahnigen referred to Williamson's findings that 35 percent of an elderly population living at home had significant foot disability that was unrecognized by the primary physician (Albert and Jahnigen, 1983). In addition, Brown and colleagues reported that the American Podiatry Association estimates that 80 percent of people over 50 years of age suffer from at least one foot condition (Brown et al, 1982).

C. Causes of Foot Problems Among the Elderly

Life long trauma, misuse and poor preventive care can lead to a high frequency of foot disorders among the elderly (Albert and Jahnigen, 1983). Chung refers to the fact that many professionals recognize that some deformities are caused by physical forces such as walking on concrete floors or wearing poorly fitting shoes. Many older persons suffer from conditions such as poor eyesight, stiff joints, crippled hands, obesity or a variety of disabilities which can make it very difficult or impossible to care for their feet (Helfand, 1983, Smidt, 1980).

King cites Riccitelli's classification of types of foot problems. The five categories are mechanical stressors, arthritis, circulatory changes, dermatological lesions and neurotrophic lesions (King, 1980).

1. Mechanical Stressors

a) macrotrauma (sudden injury resulting in fracture),
b) microtrauma (a lifetime of stressors, i.e., poor stance and gait, poorly fitting shoes, prolonged stretching of ligaments).

2. Arthritis and Feet

Common joint diseases affecting the feet include degenerative joint disease, rheumatoid arthritis and gout.

3. Circulatory Changes

The disturbance of blood flow to the aging foot is usually the result of arteriosclerosis.

4. Dermatological Lesions

The aging foot is more susceptible to bacterial and fungus infections, to trauma and to cold. Vascular metabolic disturbances may be associated with foot complications such as ulceration, chronic infection, calluses, corns and planter warts. Skin lesions may result from poorly fitting shoes, improper foot care and infections.

5. Neurotrophic Lesions

These lesions may result from diabetes or a nervous system disorder.

D. The Importance of Foot Care

Foot care programs should be directed to achieve three very important goals in gerontology: 1) to limit disability 2) to preserve maximum normal function and 3) to restore the highest possible level of independent activity.

In addition to increasing personal comfort, foot care can:

1. lessen the possibility of medical or surgical complications,
2. reduce the need for institutional care,
3. reduce the likelihood of hospitalization as a result of foot infection,
4. remove some of the stress and strain of foot discomfort (Helfand, 1980).

Limited mobility due to foot disorders can have a negative effect on the elderly person. Once a person cannot get around freely, independence is curtailed and psychological well-being can be affected. When an older person is forced to restrict his activities because of immobility, health can deteriorate and he can become more socially isolated (Chung, 1983, King, 1980, and Albert and Jahnigen, 1983).

E. Common Foot Problems

Several studies of selected groups of older persons have been conducted in the United States in order to assess foot conditions. Alberta and Jahnigen reported findings on a survey of 5,510 patients conducted by the Veterans Administration. It was found that the largest single category of foot complaints involved nail disorders (approximately 24% in all foot conditions). The nail disorders included hypertrophic nail plates, horny thickened deformed nails and ingrown nails. Cornifying processes collectively accounted for about 32 percent of all cases (Albert and Jahnigen, 1983).

Shank's 1975 survey of 125 individuals revealed that the five most frequently stated foot complaints were corns, calluses, toenail problems, bunions and edema (Shank, 1975).

Data collected at foot care clinics in Manitoba found the most common foot problems of the elderly to be corns, calluses, and thickened toenails.

F. Foot Care Programs

Some innovative ways of presenting foot care programs to the elderly have been tried in the United States. For example, Chung describes a "mini" health fair that was held at a day-care center for the frail elderly in California. The health fair concentrated on health in four areas: a) drugs; b) general physical assessment; c) foot assessment and d) psychological testing. The foot care presentation consisted of three parts: daily foot care, foot inspections and properly fitting shoes. The presentation was followed by individual foot assessments by nurses. It was found that people are in need of education and information on basic foot care and information for the prevention of painful foot problems (Chung, 1983).

Foot education and screening programs for the elderly were developed and held at five senior centres located throughout Milwaukee County. At the educational program, podiatrists presented information on general foot hygiene practices and common foot problems. Following the educational programs, participants could register for foot examination appointments with podiatrists. The researchers felt that this project raised the level of community awareness in regard to positive measures to maintain foot health and recognize treatable foot pathology (Conrad, 1977).

G. Summary

Chung refers to Gilchrist's statement that foot problems in the elderly require early identification, appropriate care and continued management (Chung, 1983). There is consensus in the literature that people are in need of information on basic foot care and information for the prevention of foot problems.

Several studies have made recommendations in the area of foot care for the elderly.

The main recommendations are for:

1. foot screening programs for seniors who are living in the community,
2. educational programs on basic foot hygiene and foot problems for the general public,
3. workshops and seminars on foot health for nursing students and non professional caregivers in long term care facilities.

Helfand made some important points in his message as President of the American Podiatry Association. These points summarize well the importance of foot care for the elderly. He said that many still consider foot problems as "minimal, routine and only a comfort issue." He goes on to say that:

> "Foot problems tend to be considered as low priority items until the patient becomes hospitalized because of foot infection or loses a limb...then the entire focus of the individual changes from one of independent living to dependence, from self-sufficiency to immobility, and away from being a useful and active member of society...We must make possible the mobility that permits the elderly to work or perform a useful function, for life without purpose is not life, but existence without quality."
>
> (Helfand, 1983)

III. THE CURRENT SITUATION IN CANADA WITH RESPECT TO FOOT CARE SERVICES FOR THE ELDERLY

A. Introduction

In January, 1984, a letter was sent to government officials in the nine other provinces requesting information on the type and number of foot care services offered in their provinces. Responses were received from all provinces except British Columbia and Quebec. A number of provinces have taken important initiatives in the provision of foot care to seniors. Developments in other provinces are discussed below.

B. Foot Care Services in Ontario

Ontario is the only province which offers a program to train chiropodists. The establishment of a chiropody training program in Ontario was precipitated by: 1) the Ministry of Health's concern about the provision of adequate foot care services for Ontario residents and 2) recommendations for more foot care services by the Ontario Council of Health, Report on Health Care for the Aged, the Ontario Advisory Council on Senior Citizens and the Social Planning Council of Metropolitan Toronto.[6]

The Canadian chiropody program is run jointly by George Brown College and the Toronto Institute of Medical Technology. Twenty-four students were enrolled in the program the first year and graduated in the summer of 1983. The program is being expanded. Course content includes courses in the basic sciences and primary care medicine, including peripheral vascular disease, dermatology, orthopedics, biomechanics of the foot, orthotics and practice management, as well as clinical instruction at Toronto General Hospital and other institutions.

Graduates of the two year program work in institutional settings in Toronto (hospitals, public health units, homes for the aged and other institutions). Their services are not covered by the Ontario Health Insurance Plan. Their performance is being evaluated.

The services of chiropodists include treating a wide range of minor foot ailments, including ingrown toenails, corns and calluses, as well as providing orthotic services, such as making some minor shoe alterations and providing foot care education.

There were plans in 1984 to start a phased deployment of these chiropodists as they graduate into different regions of the province.

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6 Notes for a Statement by Dennis Timbrell, Minister of Health, "Foot Care Services in Ontario," March 13, 1980, p.1.

Mr. Timbrell in his statement on foot care services mentioned that the Ministry of Health was exploring the feasibility of establishing training programs in foot care hygiene for registered nursing assistants and other providers of care to the elderly.[7] A government official in the Ministry of Health indicated that an increasing effort is being made to train nurses in more elementary foot care which can be recognized as being part of overall nursing care.

In Ontario, podiatrists' services are partially covered by the Ontario Health Insurance Plan, but they have their own fee schedule and bill above what the plan pays.[8]

C. Foot Care Services in Saskatchewan

A government official in the Saskatchewan Health Department reported that the Department has funded two pilot project chiropody programs within two provincial community clinics. Because of the high demand for services at these clinics, a study on the feasibility of establishing a provincially funded chiropody program was undertaken. In January, 1984 the Saskatchewan government was in the initial stages of implementing such a program. The Director of this program is a chiropodist and he is recruiting other chiropodists and chiropody assistants. They plan to set up clinics in each of Saskatchewan's ten health regions and they will be salaried employees.

This service will be free to all Saskatchewan residents with a valid Saskatchewan Health Services card. There will be a charge for making orthotics. This program will be directed primarily towards senior citizens; however, all groups in the population will be allocated treatment time.

Foot care services were not included in the home care program as of January 1984.

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7 Ibid, p.4.

8 "Ontario Trains New Foot Care Workers," Canadian Family Physician, Vol. 28, March, 1982.

D. Foot Care Services in Manitoba

In Manitoba, medicare does not cover foot care services. Visits to podiatrists, of whom there are 7 or 8 in the province, cost around $15 - 20 per visit. Private insurance called the Blue Cross Extended Care Plan is available which covers chiropody and other services for about $8.00 per month. Clients with severe foot problems are encouraged to subscribe to this Plan.

A number of health care professionals and practitioners provide foot care services in Manitoba, such as licensed practical nurses, homemakers, home care attendants and registered nurses.

1) Foot care is provided as part of personal care to individuals who are eligible for the home care program and who have an assessed need in this area that cannot be met by the individual or his family.

2) Licensed practical nurses and registered nurses may perform foot care services as part of the individual's grooming needs. In many situations, depending on the complexity of foot care, staff will refer the client to a foot clinic, chiropodist or podiatrist.

3) Homemakers or home care attendants do routine filing of toenails, if authorized by the case co-ordinator.

4) The City of Winnipeg Public Health Department operated foot care clinics at two health units in the city with physicians on site. This program was terminated in 1983.

5) Some senior centres set up an office for podiatrists/chiropodists to perform foot care services one day a month.

6) Several community health clinics in Winnipeg provide foot care services, free of charge (Nor'west, Mount Carmel, Health Action Centre, Klinic).

Staff of the Klinic Community Health Centre offer foot clinics at three public housing units as well as at the Centre itself. Some non-ambulatory clients are seen in their homes. One nurse practitioner and occasionally a community worker and a community health nurse provide free services which include cutting nails, care for ingrown toenails, paring corns, paring calluses, advising regarding general foot care (swollen ankles and poor circulation). Referrals are made to physicians and chiropodists as needed.

E. Foot Care Services in Prince Edward Island

A variety of health care personnel perform foot care services in this province.

1. Public health and home care nurses do some basic foot care such as toenail cutting with no charge to the client. Referrals are made to chiropodists when the treatment required is beyond their expertise.

2. Registered nurses employed in nursing homes are instructed in basic foot care.

3. Provincial homemakers are permitted to provide foot care but they cannot cut toenails.

4. As of January 1984 there were two podiatrists/chiropodists in the province.

The services of a podiatrist are not covered by the Hospital Services Commission. Chiropodists are private practitioners and are not subsidized through the Hospital Medicare Insurance Plan. If clients are referred to a chiropodist by a medical doctor, the services are free under the medicare plan. If the patient refers himself to a chiropodist, he is responsible for the payment.

Regular clinics on foot care are held at the government owned nursing homes. This service is free to the resident. Residents of the community may attend these clinics but at their own expense.

A number of foot care workshops have been held for service providers and the elderly.

F. Foot Care Services in Newfoundland

The only foot care services available in this province are those offered by family physicians and the Victorian Order of Nurses. The Victorian Order of Nurses initiated a foot care program for seniors in the city of St. John's and the Corner Brook office.

G. Foot Care Services in New Brunswick and Nova Scotia

It was reported by government officials in New Brunswick and Nova Scotia that the main providers of foot care to the elderly are community health nurses. The Victorian Order of Nurses perform foot care services in Nova Scotia and podiatrists practice in New Brunswick.

H. Summary

The survey showed that there is considerable variation across Canada in terms of the availability of foot care services, the way in which foot care services are provided and in the cost of these services. All practitioners and government officials who responded to the survey recognized the importance of foot care services to keep the elderly ambulatory and independent and the need for more education about the importance of foot care for the general public.

IV. THE CURRENT SITUATION IN ALBERTA WITH RESPECT TO FOOT CARE SERVICES FOR THE ELDERLY

A. Introduction

At a recent meeting of the Provincial Senior Citizens Advisory Council, Mr. R. Pong of the Department of Social Services and Community Health reported

on the foot care system in Alberta. He indicated that there are 18 podiatrists in Alberta--10 in Calgary, 6 in Edmonton, 1 in Lethbridge and 1 in Medicine Hat. He mentioned that in Alberta, chiropodists are not recognized; only podiatrists provide foot care.

Contact was made with officials in the Alberta Coordinated Home Care Program and Community Health Nursing Program as well as with the two multipurpose senior centres in Calgary and Edmonton to learn about the provision of foot care services to the elderly in Alberta. This information is included in the following sections.

B. Foot Care Services Provided by Community Health Nurses

In March, 1984, a short questionnaire on foot care was distributed to nursing supervisors. Nursing supervisors in 20 out of 26 local health authorities responded to the questionnaire. It was found that community health nurses do not do foot care as a general rule. When foot care services are performed, the basic foot care includes cutting, filing and cleaning of toenails, filing corns and calluses, packing for ingrown toenails and generally teaching of basic foot care, particularly to elderly clients and their families and "care of the feet" presentations to groups upon request.

In response to a question "Do you have a foot care pamphlet?" (yes 2, no 18) and a further question "If a foot care pamphlet were developed would you use it?" (yes 16 no 2 undecided 2), the Community Health Nursing Unit produced a pamphlet dealing with basic care of the feet and common foot concerns. The pamphlet is being printed and it will be distributed to all local health authorities for use on home visits and in clinics.

C. Foot Care Services Provided by Home Care Nurses

Home Care nurses provide foot care within the boundaries determined by the Nursing Profession Practice Standards.

1. Registered Nursing Assistant

A registered nursing assistant employed/contracted by the Home Care Program may perform foot care when she/he has supervision by a Health Care Professional.

2. A Home Health Aide/Personal Care Attendant

A home health aide/personal care attendant employed/contracted by the Home Care Program shall not perform hand and foot care where there are circulatory problems, but may perform routine foot and hand care when supervised by a Health Care Professional.

A home Care nurse, even with additional preparation in foot care, is limited to providing foot care within the boundaries of nursing practice. The need for podiatry services, especially for the elderly, has been recognized by Home Care nurses particularly in the rural areas of the province. A number of home care programs have had a podiatrist conduct a workshop on foot care for the home care nurses. Also, a podiatrist in Calgary and a number of his colleagues have developed a Home Care Nursing Podiatry Training Program approximately three to five weeks in length for use by home care programs that have the time and financial resources.

D. Foot Care Clinics in Senior Centres

Multi-purpose senior centres in Edmonton (the Society for the Retired and Semi-Retired) and Calgary (the Kerby Centre) provide foot care services to the elderly. At the Kerby Centre, the care is given by registered nursing assistants and at the Society for the Retired and Semi-Retired, the foot care service was started as a pilot project by the Victorian Order of Nurses. Both programs are very popular and there is high demand for the basic foot care services that are provided. More senior centres are interested in making available space one day a month at the centre to interested podiatrists/health care professionals.

E. Pilot Demonstration Project on Foot Care Carried Out by the Minburn-Vermilion Health Unit

The Minburn-Vermilion Health Unit received a special project grant from the Senior Citizens Bureau in the 1983/84 fiscal year to carry out a demonstration project on foot care. The purpose of the project was to provide a community based foot care service for the geriatric population within the parameters of the Minburn-Vermilion Health Unit.

The purposes of the pilot project were:

1. To provide foot care services to elderly persons who are not receiving care through existing services and who live in the area served by the Minburn-Vermilion Health Unit.

2. To determine the most effective and efficient method of integrating services developed in the pilot project with existing nursing programs.

3. To identify effective strategies to teach self-care to clients and/or significant others.

4. To develop a written guide to assist other health care personnel to develop foot care services to the elderly.

5. To assess the impact of an administrative fee on clinic attendance.

When the project was first conceived, it was thought that a registered nursing assistant would be hired to provide foot care services. Initial advertising and job interviews did not result in the hiring of a suitable staff person. The purpose of the project was clarified to acknowledge that the staff person employed for the foot care program would be a nurse eligible for registration with the A.A.R.N. and that an administrative fee of $5.00 per

visit would be charged. The reason for selecting a registered nurse was that the job content requires the assessment of clients to determine the care required, there would be fewer hidden costs in the area of supervision and the administrative fee would be perceived to be more credible if care were given by a registered nurse.

The foot care clinics were held in conjunction with geriatric well clinics in senior citizens centres. The nurse worked on a part-time basis and assessed and provided basic foot care (nail cutting, paring of corns and calluses) about eight times a month. Referrals are made to physicians and to the podiatrist in Lloydminster.

This project is in the process of being evaluated and it will continue to operate as originally organized. The fee for service will remain, since it did not seem to be an obstacle to individuals using the service. The health unit plans to publish a paper on the pilot project.

F. Proposal for a Review of Foot Care

The Alberta Health and Social Services Disciplines Committee has recommended that Alberta Social Services and Community Health undertake a review of foot care services. The Disciplines Committee recognizes that there is a need to undertake a comprehensive study of foot care needs and manpower requirements in this area.

The Health Services Division has this study on its work plan for completion within the 1985/86 fiscal year.

V. CONCLUSION

As was noted in the previous section, a number of important initiatives are being taken by the Alberta Government in the area of foot care. The high demand and waiting lists at existing foot clinics in Alberta show that there is a need for this service. Rural areas in particular have a great need for foot care services by trained personnel. The survey to be undertaken by the

Health Services Division as to the foot care needs and manpower requirements in this area is an important first step.

Some of the respondents to the cross Canada survey on this topic indicated that they felt that foot care is neglected by the public and professionals and that education in foot care is needed for both groups. Some respondents made some specific recommendations. They were:

1. All nurses should be well-trained in assessment of the feet and encouraged to do foot care both in institutional and home settings and should know when to refer to physicians and chiropodists.

2. Physicians should have training in assessment of the feet and this assessment should be done on a regular basis, particularly with elderly clients.

3. Physicians should be better educated regarding the type of work that podiatrists/chiroposists do and refer to them as necessary.

4. Public Health departments set up foot care clinics in senior citizen housing complexes.

5. More onus should be placed on family members to provide foot care to parents or grandparents.

It was suggested that perhaps what is needed is not more foot care programs, but programs to teach not only the senior citizen, but also their family on how to care for an elderly persons feet. One respondent stated that "often it is not the case of badly deformed toenails--but simply, the individual cannot bend down or see well enough, and a family member can easily enough carry out the task of simply cutting the toenails satisfactorily."

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